



LOS ANGELES COUNTY
WELFARE TO WORK BULLETIN

W99-4

NUMBER: W 98-05	SUBJECT: GRANT PROGRAM CERTIFICATION ONE-STOP REVERSE REFERRAL CLIENT FORM	
DATE: 1/7/99	EFFECTIVE DATE: 1/7/99	PAGE 1 of 6

TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

The purpose of this bulletin is to provide information regarding the GAIN-6142 Welfare-to-Work Grant Program Certification form attached. The WtW Certification form will be used to certify GAIN participant's eligibility for Welfare-to-Work services. The One-Stop Reverse Referral Client Cover Sheet form has also been included in this bulletin, this form is to be completed by client and then returned to DPSS.

Kenneth Kessler, Director
Employment and Training

Attachments

Section 1

GAIN - 6142 WELFARE-TO-WORK (WtW) GRANT PROGRAM CERTIFICATION FORM

PURPOSE

The WtW Grant Program Certification form is used to certify a GAIN participant's Eligibility for WtW services provided by SDA/Grantees. The WtW Certification form will also be used by the SDA/Grantees to refer to individuals to GAIN. GAIN Service Workers (GSS) and the case managers of the participating Agencies will complete this form.

PROCEDURES

This form is to be completed manually by the GSW or the SDA/Grantee as follows:

1. Enter GAIN participant information in Section 1
2. SDA/Grantee enters information in Section 2 and has individual sign Section 3, Release of Information, during a reverse referral.
3. Section 4, GSW checks box that participant is receiving TANF. Checks one Of the following two boxes based on the participant's length of time on assistance. GSW then prints and signs name along with date and phone number.
4. Section 5, GSW must check two of the three boxes in this section. GSW will Complete box 1 by obtaining the information from the assessment results. box 2 information will come from participant self declaration. GSW will obtain Box 3 information from participant interview. The GSW is to print and sign name along with date and phone number to complete the section. This section Would also be completed by the SDA/Grantee during a reverse referral.
5. Section 6, GSW check boxes that are applicable to the participant. GSW will find out the information through the participant interview.
6. If the participant qualifies under Sections 4 and 5 or Section 6, the participant is referred to the SDAs/Grantees for WtW services.
7. Section 7 is completed by the SDAs/Grantees only.
8. The completed WtW certification form along with the GN 6006 and any other attachments will be sent with the participant to his/her appointment with the SDA/Grantee agency.
9. Certification form will be completed when DPSS makes client referral to One-Stop.

GAIN - 6142 WELFARE-TO-WORK (WtW) GRANT PROGRAM CERTIFICATION FORM

10. For any questions regarding DPSS Certification form, contact DPSS regional office Liaisons see list on page six.

Section II

Procedures for filling out a reverse referral form:

Once returned from DPSS the One-Stop will complete any sections that need be completed and they will fill out the Client Reverse Referral form.

WELFARE-TO-WORK GRANT PROGRAM CERTIFICATION FORM

IDENTIFYING INFORMATION-Section 1	REVERSE REFERRAL (AGENCY TO DPSS)- Section 2
Participant's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </div>	Name of Agency: _____
Case No.: _____ Social Security No.: _____	Contact Person: _____
Address: _____ (Residence)	Address: _____
City _____ Zip Code _____	City _____ Zip Code _____
Mailing Address if different: _____	Phone: () _____
City _____ Zip Code _____	Fax: () _____
Phone: () _____ Message Phone: () _____	Date: _____

RELEASE OF INFORMATION - Section 3

I, _____ authorize the exchange of information between DPSS and _____ in order to obtain pre/post-employment services and further develop my career development plan.

Signature _____ Date _____

DPSS CERTIFICATION - Section 4

- | | | |
|---|---|--|
| Y | N | |
| = | = | This individual receives TANF AND meets one (1) of the following criteria: |
| = | = | The recipient had received TANF/AFDC assistance for at least 30 months (the months do not have to be consecutive). |
| = | = | The recipient is within 12 months of reaching their 60-month TANF time limit. |

I, _____ hereby certify that the information provided herein is true and correct.
Printed Name

Signature _____ Date: _____ Phone: () _____

DPSS/SDA/GRANTEE CERTIFICATION - Section 5

☐ At least two (2) of the following barriers to employment apply to the recipient:

- | | | |
|---|---|--|
| Y | N | |
| = | = | The individual has neither completed high school nor obtained a certificate of general equivalent (GED) AND has low reading or math skills at or below 8.9 grade level. |
| | | Testing Date: _____ Math Grade: _____ Reading Grade: _____ |

☐ The individual requires a substance abuse treatment program for employment.

☐ The individual has worked no more than three (3) consecutive months in the past twelve (12) calendar months (32 hours or more per week every week during the three months)

I, _____ hereby certify that the information provided herein is true and correct.
Printed Name

Signature _____ Date: _____ Phone: () _____

Agency: _____

NOTE: Individuals must qualify under Sections 4 AND 5, OR Section 6 to be eligible for the WtW Grant Program.